

O.C.
10/31
AG

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TH</i>	<i>27612</i>	<i>10/03/00</i>
O.I.P.E. CLASSIFIER	<i>19</i>	<i>22</i>	<i>10/10</i>
FORMALITY REVIEW	<i>12</i>	<i>811</i>	<i>10/30/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/22/00
2	✓	✓	10/22/00
3	✓	✓	10/22/00
4	✓	✓	10/22/00
5	✓	✓	10/22/00
6	✓	✓	10/22/00
7	✓	✓	10/22/00
8	✓	✓	10/22/00
9	✓	✓	10/22/00
10	✓	✓	10/22/00
11	✓	✓	10/22/00
12	✓	✓	10/22/00
13	✓	✓	10/22/00
14	✓	✓	10/22/00
15	✓	✓	10/22/00
16	✓	✓	10/22/00
17	✓	✓	10/22/00
18	✓	✓	10/22/00
19	✓	✓	10/22/00
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21	✓	✓	10/22/00
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25	✓	✓	10/22/00
26	✓	✓	10/22/00
27	✓	✓	10/22/00
28	✓	✓	10/22/00
29	✓	✓	10/22/00
30	✓	✓	10/22/00
31	✓	✓	10/22/00
32	✓	✓	10/22/00
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42	✓	✓	10/22/00
43	✓	✓	10/22/00
44	✓	✓	10/22/00
45	✓	✓	10/22/00
46	✓	✓	10/22/00
47	✓	✓	10/22/00
48	✓	✓	10/22/00
49	✓	✓	10/22/00
50	✓	✓	10/22/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY